

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

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- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

FOR COURT USE ONLY

**United States Bankruptcy Court
Central District of California - Riverside Division**

In re:
Robert Scott Anderson

CASE NO.: 6:23-bk-13446-SY

CHAPTER: Chapter 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

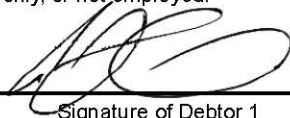
1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 08/14/2023

Robert Scott Anderson
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

JUNE 2023

-PAYMENT DETAIL-

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[REDACTED] R ANDERSON 086-207-9659-024 01 CBID- S06S
 PAY A/R OR DATE ORIGIS CLEAR LS/PP TIME PAID GROSS NET SUSP
 PERIOD WARRANT# MODYR MODYR NO. DY HR/UNT CODE
 0-05-23 03830864 060123 10827 99 9292.00 7010.10
 C R P P A S G S WWG- OT R S SALARY TIME SALARY BASE TRANS BATCH/PSD
 T L T S C D T P FLSA CD G T TOTAL BASE FULL PAY FILE#
 1 1 0 0 1 2 1 9292.00 9292.00 9150.00
 <<-----RETIREMENT----->> <<-----FEDERAL TAX----->>
 SUBJ W/H ST-SHR ID / RATE GROSS W/H FD EX HW MISC GROSS
 9292.00 1095.77 4646.00 EM*.13000 7351.56 .00 E N .00
 OTH INCM DPNDNTS DEDUCTS SD .00
 .00 .00 .00 EID
 <<-----SOCIAL SECURITY----->> <<-----STATE TAX----->> 1- 8E6
 EE GROSS EE W/H ER GROSS ER W/H GROSS W/H CA EX EXT 142.00
 .00 .00 .00 .00 7351.56 .00 S 00 99 2-
 <<-----MEDICARE----->> <<-----SDI----->> .00
 EE GROSS EE W/H ER GROSS ER W/H GROSS W/H ER W/H 3-
 8647.33 125.39 8647.33 125.39 .00 .00 .00 .00
 <<-----OPEB----->> BF
 GROSS SUBJ EE W/H EE RATE ER W/H ER RATE CBID
 9292.00 371.68 .04000 371.68 .04000 S06S

MISCELLANEOUS DEDUCTIONS

PAGE 005 OF 006

[REDACTED] R ANDERSON
 PT CT AR/WARRANT# DATE
 0-05-23 086-207-9659-024 0 1 03830864 060123
 DED ORG AMOUNT PP TP
 078 3.60 SP
 077 2.00 SP
 088 024 109.47
 089 052 15.00
 089 044 5.00
 AGY-RU ST SHR ADM PC PL DED ORG IND
 354 010 1945.00-* FC 1945.00 .00
 350 266 2074.72 * FH .00 6.85 3 B 266 B
 351 246 135.00 * FD .00 .00 3 100 246 B
 475 002 8.27 * HV .00 .00 3
 356 002 .00 * FF 3.06 .00
 HEALTH-OPT-OUT-IND
 349 001 .00

JULY 2023

-PAYMENT DETAIL-

PAGE 001 OF 003

██████████ R ANDERSON 086-207-9659-024 01 CBID- S06S

PAY PERIOD	A/R OR WARRANT#	DATE	ORIGIS	CLEAR	LS/PP	TIME	PAID	GROSS	NET	SUSP
0-06-23	03906327	070123				99		9292.00	7010.10	
C R P P A S G S	WVG- OT R S	SALARY	TIME	SALARY	BASE	TRANS	BATCH/PSD			
T L T S C D T P	FLSA CD G T	TOTAL	BASE	FULL	PAY	FILE#				
1 1 0 0 1 2	1	9292.00		9292.00	9150.00					

<<-----RETIREMENT----->> <<-----FEDERAL TAX----->>

SUBJ	W/H	ST-SHR	ID / RATE	GROSS	W/H	FD EX	HW	MISC	GROSS
9292.00	1095.77	4646.00	EM*.13000	7351.56	.00	E	N		.00
				OTH INCM	DPNDNTS	DEDUCTS	SD		
				.00	.00	.00	EID		

<<-----SOCIAL SECURITY----->> <<-----STATE TAX----->> 1- 8E6

EE GROSS	EE W/H	ER GROSS	ER W/H	GROSS	W/H	CA EX	EXT	142.00
.00	.00	.00	.00	7351.56	.00	S 00 99	2-	

<<-----MEDICARE----->> <<-----SDI----->> .00

EE GROSS	EE W/H	ER GROSS	ER W/H	GROSS	W/H	ER W/H	3-
8647.33	125.39	8647.33	125.39	.00	.00	.00	.00

<<-----OPEB----->> BF

GROSS SUBJ	EE W/H	EE RATE	ER W/H	ER RATE	CBID
9292.00	371.68	.04000	371.68	.04000	S06S

MISCELLANEOUS DEDUCTIONS

PAGE 002 OF 003

██████████ R ANDERSON

CBID- S06S

PT	CT	AR/WARRANT#	DATE
0	1	03906327	070123

DED ORG	AMOUNT	PP	TP
078	3.60		SP
077	2.00		SP
088 024	109.47		
089 052	15.00		
089 044	5.00		

AGY-RU	ST	SHR	ADM	PC	PL	DED ORG	IND
354 010	1945.00	*	FC				
350 266	2074.72	*	FH				
351 246	135.00	*	FD				
475 002	8.27	*	HV				
356 002	.00	*	FF				
HEALTH-OPT-OUT-IND							
349 001	.00						